

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758250

FILED  
Feb 10, 2010  
Secretary of State

**Entity Name:** FOREST LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

720 BROOKER CREEK BLVD #206  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

720 BROOKER CREEK BLVD #206  
OLDSMAR, FL 34677 US

**New Mailing Address:**

FEI Number: 59-2266323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCANNAVINO, INC  
720 BROOKER CREEK BVLVD #206  
OLDSMAR, FL 34677 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DICANIO, GINO  
Address: 400 LAKEVIEW DR  
City-St-Zip: OLDSMAR, FL 34677

Title: VP  
Name: BROWN, ROBERT  
Address: 318 LAKE PLACID CT.  
City-St-Zip: OLDSMAR, FL 34677

Title: TD  
Name: NARDMEIR, GENE  
Address: 524 LAKEVIEW DRIVE  
City-St-Zip: OLDSMAR, FL 34677

Title: SD  
Name: FLETCHER, LAURA  
Address: 579 LONGWOOD COURT  
City-St-Zip: OLDSMAR, FL 34677

Title: D  
Name: MANNI, DIANE  
Address: 423 CEDAR RIDGE CT  
City-St-Zip: OLDSMAR, FL 34677

Title: D  
Name: DIGIORGI, SALVATORE  
Address: 521 LAKEVIEW DR  
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GINO DICANIO

PD

02/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date